

Township of Toms River, Landlord Registration Form, (page 1)

Property Information

B/L BBBBSSSSLLLLSSSSoooQQQQQ Block and Lot:		Qual:	Key:	Condo Name:	
Property Location:		Apt:	Unit:	Building:	
Apartment Location:	City:	State:	Zip (+4):	Mainland <input type="checkbox"/>	Beach <input type="checkbox"/>

Tenant Information

Tenant 1 (Last Name, First Name):	Tenant 2 (Last Name, First Name):
Tenant 3 (If 3+, List Here):	

Owner Information

Corporation or Company:		
Owner 1:	Owner 2:	
Addr 1:	Addr 2:	
City/State 1:	City/State 2:	
State/Zip/+4:	Zip/+4:	Country:
Country (if other than US):	Owner 3:	

Emergency Contact Information

Name:	<table border="1" style="margin: auto;"> <tr><td>Phone 1:</td></tr> <tr><td>Phone 2:</td></tr> </table>	Phone 1:	Phone 2:
Phone 1:			
Phone 2:			
Address:			
City:			
State/Zip/+4:			

Mortgage Information on this property

<input type="checkbox"/> Check if there is NO MORTGAGE on this property	
Company 1:	Company 2:
Contact:	Contact 2:
Addr 1:	Addr 2:
City 1:	City 2:
State/Zip/+4:	State/Zip/+4:

Township of Toms River, Landlord Registration Form, (page 2)

Property Location: _____

Rental Agent Information

<input type="checkbox"/> Check if there is NO RENTAL AGENT for this property	
Agent 1:	Agent 2:
Company 1:	Company 2:
Addr 1:	Addr 2:
City/State/Zip/+4:	City/State/Zip/+4:
Phone 1:	Phone 2:

Managing Agent Information

<input type="checkbox"/> Check if there is NO MANAGING AGENT for this property	
Name (Last Name, First Name): _____	
Address:	Apt:
State/Zip/+4:	Phone:

Fuel Company Information

Company:	Phone:
Address:	Fuel Type: (Check one) <ul style="list-style-type: none"> <input type="checkbox"/> = Gas <input type="checkbox"/> = Oil <input type="checkbox"/> = Electric <input type="checkbox"/> = Propane <input type="checkbox"/> = Other
City:	
State/Zip/+4:	

Certification Information

As the below signed owner or agent, I hereby certify that the information given here is true and correct. I understand that when the noted tenant vacates this property, this property must be re-registered for the new tenancy.

Owner's Name (Please Print) _____ Owner's Signature _____ Date _____

Or

Agent's Name (Please Print) _____ Agent's Signature _____ Date _____

Agent is (check one):

- Attorney
- Real Estate Agent
- Managing Agent
- Other: _____

RETURN TO CLERK'S OFFICE